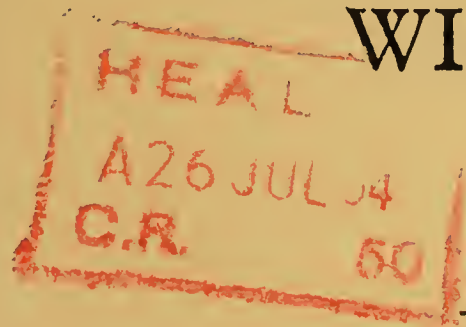


*Library*

URBAN DISTRICT OF  
WINDERMERE



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1953

LIVERPOOL

C. TINLING AND COMPANY, LIMITED, PRINTERS, 53, VICTORIA STREET

—  
1954



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b30282950>

URBAN DISTRICT OF  
WINDERMERE

---

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1953

---

LIVERPOOL

C. TINLING AND COMPANY, LIMITED, PRINTERS, 53, VICTORIA STREET

---

1954

*To the Chairman and Members of the Urban District Council of Windermere.*

SIR, LADIES AND GENTLEMEN,

I have the honour to submit to you my Annual Report on the health of the Urban District during the year 1953.

There are signs of better unity between the hospitals, general practice and the public health services. The upheaval of the National Health Service Act of 1946 drove deep schisms into the old established partnership. Good will and professional loyalties are gradually restoring a unity of purpose.

Undue emphasis still lies on disease and its treatment, but the ever mounting cost is a solemn reminder that prevention might be better. The cherished Garden of Eden now has the serpent of fiscal expediency.

In the field of preventive medicine the scope is unlimited for those who have the courage to look beyond their immediate surroundings. The service has a proud record in the past and an unquenchable faith in the future.

I wish to acknowledge the help and ready co-operation of my colleague the County Medical Officer of Health, and also the assistance afforded to me by the local general medical practitioners.

I am indebted also to the Sanitary Inspector and his staff for the spirit of teamwork which exists in my department, and for the fund of local knowledge which they have laid at my disposal.

I have the honour to be,

Sir, Ladies and Gentlemen,

Your obedient servant,

FRANK T. MADGE,

Medical Officer of Health.



## NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Area of the Urban District in acres	...	...	...	9,723
Population (Registrar-General's mid-year estimate)	...	...	...	6,474
Inhabited Houses	...	...	...	2,164
Rateable Value	...	...	...	£76,199
Product of a Penny Rate	...	...	...	£303
Rate in the Pound levied in 1953-54	...	...	...	23s. 6d.
Of which the County Rate was	...	...	...	18s. 3d.

The Urban District of Windermere lies in a long narrow strip down the east side of the Troutbeck Valley and for four miles along the east bank of Windermere Lake. The District slopes steeply from a level of about 800 feet in the east down to the Lake, which lies at about 130 feet above sea level. The slopes are well wooded and exquisite vistas of most of the Lake District are obtainable throughout.

The geology of the Urban District comprises in the southern half steeply dipping Kirkby Moor Flag in the Upper Ludlow Series of the Silurian System. In the northern half the rocks are Coniston Grits in the Wenlock Series of the Silurian System. At the extreme north in the Troutbeck Valley, there are thin beds of Taranon Shales, pale slates, Coniston Limestone, and then occur the Borrowdale Volcanic Series. There are occasional areas of glacial drift and some alluvial deposit in the valleys.

The climate is mild and equable. The valley bottoms are sheltered from the prevailing westerly winds, and the open aspect to the south-west provides full access to sunshine. Temperature gradient inversions are frequent at night but are soon dispelled in the mornings. The rainfall varies between 70 and 75 inches a year, but this figure is due more to the heaviness of the rain when it comes rather than to an undue proportion of rainy days. Snow may be expected for one or two weeks in the late winter.

The District is mainly residential in character with a seasonal influx of holiday visitors to enjoy the amenities of the National Park. This influx raises the population to a peak of approximately 10,000. The outlying portions of the District are mainly agricultural and many of the small local industries are ancillary to agriculture. There are also the following industries which provide a certain amount of local employment and stability to the area to balance the fluctuating conditions in the holiday trades :—

Boatbuilding.	Machine Tool Manufactory.
Coffin Manufactory.	Laundry.
Cake Manufactory.	Motor Engineers.

The variety of these opportunities for local employment has, with emigration, kept Windermere happily free from unemployment. These industries together with the trade associated with the hotels and boarding houses have provided that economic security and local prosperity which is a most important factor in the maintenance of the public health.

### STAFF.

Name.	Qualifications.	Office.	Whole or Part Time.	Other Offices.
F. T. Madge ...	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	M.O.H. Combined County Districts of Westmorland
F. C. Needham...	M.I.Mun.E., M.R.S.I., M.R.I.C.S.	Sanitary Inspector	Part	Surveyor and Water Engineer
G. K. Farrar ...	—	Clerk	Part	Clerk to Surveyor and Water Engineer
B. M. Machell ...	—	Clerk to Medical Officer of Health	Part	Clerk to M.O.H. Combined County Districts of Westmorland

### Staff Changes.

There were no staff changes during 1953.

### COMMITTEES

The Minister of Health requires me to include a list of your Council's committees which are concerned with matters of public health.

The Health Committee deal with the principal matters, but there are other aspects of public health importance which are dealt with by the Water and Housing Committees.

## VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General with figures for 1952 for comparison :—

Area of the District ... .. 9,723 acres

	1952	1953
Estimated civilian population (mid-year)	6,502	6,474
Live Births. Legitimate— males ...	39	36
females ...	26	30
Illegitimate— males ...	1	3
females ...	4	1
Total ... ..	70	70
Crude rate per 1,000 population	10·7	10·8
Corrected rate per 1,000		
population ... ..	10·5	10·6
Rate for England and Wales	15·3	15·5
Still Births. Legitimate— males ...	2	—
females ...	1	—
Illegitimate— males ...	—	—
females ...	—	—
Total ...	3	—
Rate per 1,000 total (live and still)		
births ... ..	41·1	—
Rate per 1,000 total population	0·46	—
Rate for England and Wales	0·35	0·35
Deaths. males ... ..	28	24
females ... ..	44	46
Total ... ..	72	70
Crude rate per 1,000 population	11·1	10·8
Corrected rate per 1,000 population	8·7	8·5
Rate for England and Wales ...	11·3	11·4
Infantile Deaths (under 1 year)		
Legitimate ... ..	2	1
Rate per 1,000 legitimate live births	30·7	15·1
Illegitimate ... ..	—	—
Rate per 1,000 illegitimate live births	—	—
Total Deaths under 1 year ...	2	1
Rate per 1,000 live births ...	28·5	14·2
Rate for England and Wales ...	27·6	26·8

	1952	1953
Neo-natal Deaths (under 1 month)		
Total neo-natal deaths ... ..	1	1
Rate per 1,000 live births ...	14·3	14·2
Deaths from Diarrhoea and Enteritis (under 2 years)		
Deaths ... ..	—	—
Rate per 1,000 live births ...	—	—
Rate for England and Wales ...	1·1	1·1
Maternal Mortality		
Deaths ... ..	—	—
Rate per 1,000 (live and still) births	—	—
Rate for England and Wales ...	0·72	0·76

Deaths from certain causes :—	1952	1953
Cancer ... ..	17	11
Measles ... ..	Nil	Nil
Whooping Cough ... ..	Nil	Nil

The main causes of death were :—		
Heart Disease ... ..	...	18
Cancer ... ..	...	} 11
Vascular lesions of nervous system ... ..	...	

\_\_\_\_\_



## COMMENTARY ON THE VITAL STATISTICS.

The Registrar-General's estimate of your civilian mid-year resident population was 6,474, but the preliminary 1951 census figure was 6,306. It is therefore fruitless to discuss the implications of these figures until the final census statistics have been published.

The general indication is that your population has become stabilised after the fluctuations of the war years, and that the level is about 600 above your pre-war average, but a proper perspective cannot be obtained by considering merely one year's changes. It is the general trend of population which is important for the planning of your future housing, water and sewerage requirements, and for the broader issues of the economic prosperity of your District.

You have not maintained your population by your own reproduction. You have relied upon the yearly immigration of people from other areas to keep up your numbers. That is why you have a predominantly elderly population.

### **Birth Rate.**

I have already referred to the continued low birth rate. Apart from the local economic circumstances the effect of the two wars aggravated the position. The present child-bearing and begetting population suffered twice, there is a sad gap in their ranks due to the unborn casualties of the First World War, and at the onset of the Second War their marriages were delayed, prevented or frustrated at the time of their maximum fertility. If your native community is to survive you must raise your birth rate well above your death rate and to do that you will have to recapture and hold the faith of your young people in your local life.

### **Still-birth Rate.**

Your still-birth rate was satisfactory.

### **Death Rate.**

Your death rate was slightly below the average for England and Wales.

### **Infantile and Neo-natal Deaths.**

Infantile deaths are deaths in children under the age of one year, and included in this figure are the neo-natal deaths, which are deaths in children under one month of age. This distinction helps to separate the deaths which are due to factors connected with pregnancy, child-birth and abnormal development which are more likely to cause death within the first month, from the factors connected with infant management which are more likely to cause death between one month and one year.

There was one infant death in 1953. The rate was 14.2 per 1,000 live births. Your figures are too scanty to carry statistical significance on their own merits, and since 1910 your infantile mortality rates have shown wide fluctuations from year to year. Your record over the five-year period was well below the national rate and reflected a very satisfactory improvement in child care by the local doctors, nurses, and above all, by the young mothers in their homes.

The neo-natal deaths contain what we might call the hard core of "unavoidable" infant deaths. Many of these in the past have been due to prematurity, abnormality, or are the result of difficult child-birth. It does not appear likely that science will be able to prevent development of abnormalities but there are high hopes that blood tests and the increased availability of obstetrical specialists will help to reduce the number of neo-natal deaths.

**Maternal Mortality.**

There were no maternal deaths.

NOTIFIABLE DISEASES TABLE.

DISEASE.	Total.	Ages.												Admitted to Hospital.	Deaths.
		1- -1	2- 1-	3- 2-	4- 3-	5- 4-	10- 5-	15- 10-	20- 15-	35- 20-	45- 35-	65- 45-			
Scarlet Fever ...	2	—	—	—	—	1	1	—	—	—	—	—	—	—	
Pneumonia ...	5	—	—	—	—	1	—	1	—	1	1	1	—	—	
Erysipelas...	2	—	—	—	—	—	1	1	—	1	—	—	—	—	
Meningococcal Infection	1	—	1	—	—	—	—	—	—	—	—	—	1	—	
Measles ...	43	1	—	—	4	3	31	3	1	—	—	—	1	—	
Whooping Cough...	2	1	—	—	—	1	—	—	—	—	—	—	—	—	
TOTAL ...	55	2	1	—	4	4	33	5	2	1	1	1	2	—	

## PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

*Public Health Act, 1936. Sections 143-170.*

*National Health Service Act, 1946. Part III.*

The first quarter of the year opened with a small outbreak of measles in Bowness, and after that all was quiet until May when there were quite a lot more cases which cropped up sporadically during the following two months in Windermere and Bowness. The mid-summer cases were almost certainly acquired from the large epidemic which affected Kendal at that time. The last four months of the year were almost free from notifiable disease, unless some patients escaped notification.

It is pleasing to record that the notification of infectious diseases has much improved in recent years, and I am very grateful to my colleagues in general practice for their prompt help in this respect. I look upon the control of notifiable diseases as one of the most important duties of our department. Patterns of though change from time to time on these subjects, but this is how I see them at the end of 1952.

### **Whooping Cough.**

Whooping cough is being brought under control with depressing slowness. Artificial immunisation has been available for well over ten years and has been privately sought for their children by most of the intelligent parents in the country. The delay lies in its recommendation to that section of the community who have come to rely upon centrally inspired propaganda to direct their way of life.

The Medical Research Council cannot yet present a cast-iron case for the efficiency of whooping cough immunisation, and the Ministry of Health have done no more than offer a lead from behind in approving the proposals of some progressive local authorities to start it, I understand that it is available on request at the County Council clinics. In support of such an obvious precaution I cannot say more than that I immunised my own children.

Although the antibiotic drugs have reduced the complications, whooping cough remains a very lethal illness during the first few months of life, and a very distressing affliction at all ages. I believe that it could be virtually wiped out with a little more popular understanding and a lot more effort.

### **Measles.**

Measles remains a disease which visits the area with periodical regularity. No effective artificial immunisation is yet available, but the use of antibiotic drugs has greatly reduced the incidence of pneumonia and



ear disease complications in measles. It is in the first year of life that measles is such a deadly disease, so every effort should be made to keep babies away from infection. At one time "measles tea parties" were popular as a means of getting a family through the illness all at once, but it was hard on the younger members, and I would say that the longer you can put off having measles, the better will be the chances of complete recovery.

### **German Measles.**

German measles is not notifiable so I do not know how many cases occurred, ~~but it is something to be careful of, especially for expectant mothers.~~

~~It is a mild illness, but it can be dangerous for expectant mothers.~~ Expectant mothers who contract german measles during the early part of pregnancy run an added risk of their children being born deaf, so it seems quite a good idea to get over this mild illness during school days, because the odds are that most people catch german measles some time in their lives.

### **Scarlet Fever.**

Scarlet fever has been insignificant for many years and the illness is now normally nursed at home. Its continuance as a separate entity can hardly be justified, for it is merely one manifestation among many of infection with the haemolytic streptococcus organisms. If you happen to be sensitive to the rash-producing side-line of the germ you get branded with the alarming label of scarlet fever, whereas if you are not sensitive you merely excite sympathy with a streptococcal sore throat. Perhaps that is over-simplifying the case, but it remains quite illogical.

Its virulence has diminished dramatically during the present century and we have been spared the havoc it caused in Victorian families. The antibiotic drugs now cut short its progress and prevent its complications. What a striking contrast even with pre-war days, when whole hospital blocks were allocated for scarlet fever cases! Nowadays there is little more than neighbourly recrimination against the patient playing in the street. Let us hope that we are not being over confident about our conquest.

### **Diphtheria.**

Diphtheria has not occurred since 1945. Artificial immunisation appears to have almost abolished diphtheria and I hope that serious epidemics of this deadly disease have been banned for all time. I wish to thank the local doctors and nurses for their efforts to secure artificial immunisation of every baby before the first birthday and the school medical officers for their part.

Just think that before the war we used to keep an infectious diseases hospital in this County almost exclusively for diphtheria and scarlet fever. Now those buildings are put to better use. But it is no use patting ourselves on the back and relaxing into complacency. We must continue to press on with the immunisation of our children or the bogey man of diphtheria will soon poke his head round the nursery door.

### **Dysentery.**

Notifications of the Sonne type of bacillary dysentery have increased in recent years. This is probably because extended laboratory services have facilitated more accurate diagnosis of the group of diseases which are characterised by diarrhoea, and a more precise label now replaced those polite chills on the liver and the more colourful service descriptions of the periodical upsets which from time immemorial have swept through home and village and town.

It is no particular credit to note that Sonne dysentery has been prevalent in the North of England for several years, so we probably harbour a number of symptomless excretors of the germs. The cure lies somewhere between the toilet and the table—it lies in your own hands.

### **Food Poisoning.**

What I said about dysentery applies also to food poisoning, but it goes a lot further. Nose picking, nail biting and thumb sucking may be comforting outlets for emotional tension, but they are outlets also for putting poisonous germs into food. Likewise, boils and septic cuts and impetigo are all best kept separate from those foods which invite the germs to multiply in their warm, moist nourishment. We have not had to look far to see what happens when that occurs. There is far more to the problem than just eating a peck of dirt before you die, and the lessons of food hygiene apply as much to the housewife as they do to the shop-keeper.

### **Smallpox.**

I believe that we are sitting on a volcano. Unless we smarten up our ideas about smallpox the generation of Second Elizabethans may risk looking nearly as pock-marked as the First. Even our Asiatic contemporaries bear pitted testimony to the fact that it needs more than faith to ward off smallpox, and it is from such Eastern bazaars that the virus can come with the returning traveller and his gee-gaw gifts in the space of mere hours. The enthusiasm for airborne travel is matched only by the apathy towards vaccination of those who only England know. The soil is ready for the seed, and what a dreadful harvest will be reaped someday.

Smallpox swept this countryside from time to time until some 50 years



ago, when widespread vaccination checked its progress and vigilance at the sea ports prevented its importation. A generation has grown up which is blinded by the complacency of false security, not yet realising that air travel has made smallpox once more a very real risk to the community.

Persons from abroad who may be incubating the disease, arrive in this country well within the incubation period. It is most important that all children should be vaccinated in infancy, and that adults should keep themselves protected, rather than rush in belated panic for mass vaccination when an outbreak occurs.

The present low vaccination state of the population is inviting trouble from this disfiguring and often fatal disease. I cannot stress too strongly the wisdom of taking obvious precautions against preventable diseases.

### **Hospital and Ambulance Arrangements for Infectious Diseases.**

*National Health Service Act, 1946. Parts II and III.*

Hospital accommodation for infectious diseases is provided by the Regional Hospital Board, Manchester, at Beaumont Hospital, Lancaster, a modern and well equipped building, within easy reach of this area under modern transport conditions.

Smallpox cases will be admitted to the Ainsworth Smallpox Hospital near Bury.

Ambulance transport for cases of infectious diseases is provided by the Westmorland County Council and is based in Kendal.

### **Disinfection Arrangements.**

Disinfection facilities for clothing and bedding are not very satisfactory owing to the lack of a steam disinfecter. It is, however, possible to obtain this service from neighbouring authorities.

Disinfection of premises and other chattels is carried out locally and presents no special problems.

## **TUBERCULOSIS.**

Tuberculosis is the most important communicable disease of our time. Its prevention is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are three-fold: to investigate the source of infection, to prevent the spread of infection, and to remove conditions favourable to infection.

Investigation of the source of infection relies upon notification. Inquiries are made into the home and working conditions of the patient and into any outside possible sources of infection. Additional assistance

is provided by the mass miniature radiography units of the Regional Hospital Boards, which offer free X-ray examination in each locality from time to time, and not only reveal the infectious cases but enable early cases to be offered the best possible chances of recovery. I wish that the Unit could come more often.

Preventing the spread of infection depends mainly upon the management of the established case. Ideally, the infectious patient should be isolated, but the serious shortage of beds and nurses in sanatoria causes many cases to remain outside. This is usually to the detriment of the patient and it creates a very serious reservoir of infection leaking into the general population.

If isolation in hospital is denied, reliance has to be placed on education of the patient in personal precautions, and your Council endeavour to ensure that the home conditions are such that an infectious patient is not compelled to share a bedroom with other members of the family who are still healthy, and where possible to rehouse young families who are sharing a house with infectious tuberculosis patients—rather an inadequate and pathetic makeshift.

Prevention of tuberculosis extends beyond the home. Your Council have the duty of ensuring that an infectious patient is not employed in dairying or food handling, and persuasion is occasionally needed to avoid the undesirability of such a patient carrying on certain other employment which would create an especial risk to susceptible contacts. In many other workplaces control is impotent and spread may be unchecked. Perhaps immunisation with B.C.G. vaccine may protect susceptibles.

Removing conditions favourable to infection embraces the whole range of environmental preventive medicine. Housing and nutrition are probably the major factors. Slum clearance, reconditioning of houses, relief of overcrowding are the first steps, for tuberculosis thrives in damp, dark, congested dwellings, whether they are sited in an urban slum or rural solitude. Nutrition is undoubtedly significant in the prevention of infection and in the early arrest of tuberculosis. Protective foods are expensive to buy, medical treatment is free.

The increase in attested herds, the eradication of tuberculous cattle, and systematic meat inspection are making notable progress in removing conditions favourable to bovine infection to be transmitted to man.

The supervision of dust trades under the Factories Act reduces the risk of lung damage which may predispose to tuberculous infection, and the workers in these occupations are especially surveyed by the X-ray units.

Your Council have therefore very considerable responsibilities in accepting the challenge of tuberculosis.



## TUBERCULOSIS TABLE.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	1	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
15	—	2	—	—	—	—	—	—
25	—	—	—	—	—	—	—	—
35	—	2	—	—	—	—	—	—
45	—	—	—	1	1	—	—	1
55	—	—	—	—	—	—	—	—
65	—	—	—	—	1	—	—	—
TOTAL ...	1	4	—	1	2	—	—	1

The number of tuberculosis patients on the register at the year end were :—

Respiratory	...	...	...	...	26
Non-Respiratory	...	...	...	...	1
					—
Total	...	...	...	...	27
					—

## HOUSING

*The Housing Acts, 1936-1949.*

Under the Housing Acts your Council has a duty to consider the general housing conditions in your district, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new

houses for all classes, and various powers and duties in the management of your Council's housing estates. Good housing conditions are an integral part of public health.

### **Present Housing Position.**

*Housing Act, 1936. Section 57.*

The number of inhabited houses in your District is 2,164. With an estimated population of 6,474 the average number of persons per house is 3.0. This is not a high figure for a desirably sized family, but many of the houses have only one or two occupants.

There appears to be little overcrowding within the strict definition of the Housing Act which assumes that living rooms are used also for sleeping purposes, and that the sexes can be segregated irrespective of age, health or family relationships. Assessment of overcrowding based on a minimum bedroom standard is long overdue and would provide a more realistic picture of the manifold difficulties which are reflected in the long application lists for your new houses.

It is probable that overcrowding is temporarily increased during the peak of the holiday season, but no certificates under Section 61 of the Housing Act, 1936, have been granted by your Council to authorise exceeding the permitted numbers.

### **General State of Houses.**

The general state of the property in your District is good. A few of the older houses are in poor condition. These old houses suffer from rising dampness due to the absence of damp-proof courses which cannot be remedied without excessive work in under-pinning. The sound methods of the original construction have ensured that deterioration of the structure is a very slow process, but heavy repair costs and low rentals have made housing repairs unprofitable to the landlords. These sub-standard dwellings will in due course be dealt with under the Housing Act, but they are overwhelmingly out-numbered by the well maintained and sound property in your District, over a thousand of which have been built since 1901.

### **General Progress of Slum Clearance and Improvements.**

Westmorland as a whole has made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since the campaign was resumed in 1948 well over 300 houses in the County have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but about 15 per cent of them have been reprieved by their owners undertaking to spend

considerable money for comprehensive reconditioning up to modern standards. In addition to these formal actions there have been a very creditable number of informal schemes for the renovation of sub-standard houses, either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity the sooner it is swept away the better.

In your own District a modest start was made in slum clearance after the war and preliminary inspections were made for future actions. The problem is not a very difficult one in Windermere and I think good progress can be made in pruning out and tidying up the decayed properties.

### **Closing Orders.**

*Housing Act, 1936. Section 12.*

*Local Government Act, 1953. Section 10.*

No closing orders were made during the year. There were seven closing orders in the register of local land charges at the year end. Two actions were pending.

### **Undertakings.**

*Housing Act, 1936. Section 11.*

No undertakings not to use premises for human habitation were accepted by your Council during the year. Five undertakings were in the register of local land charges at the year end.

No undertakings to perform repair works under this section were accepted during the year.

No applications for improvement grants under the Housing Act, 1949, were received.

### **Demolition Orders.**

*Housing Act, 1936. Section 11.*

No demolition orders were made during the year.

Five demolition orders remain outstanding, four being occupied in Rayrigg Road and one unoccupied at Woodside, Bowness.

### **Clearance Areas.**

*Housing Act, 1936. Section 25.*

There are no declared clearance areas.



### **Estimated Requirement for New Houses.**

*Housing Act, 1936, Section 71 (amended by Housing Act, 1949).*

In conjunction with your Building Surveyor I estimate that between 350 and 400 houses are required to meet the needs of those now without a separate home, those in sub-standard houses, and those to be rehoused from the Calgarth hutments.

### **Local Authority Housing Schemes.**

The Oldfield Estate of 34 houses was completed during the year. The major scheme at Droomer was commenced and by the year end 29 houses had been completed and occupied, with an additional 110 under construction.

The new site at Droomer is in a healthy position to the east of Windermere village and it offers very promising opportunities for balanced development, and I hope that it will soon replace the obsolete temporary huts provided for factory labour at Calgarth during the war.

### **Housing Building Progress.**

Your post-war achievement is 67 houses completed by your Council and 21 by private enterprise. Houses under construction at the year end comprised 110 by your Council and four by private enterprise.

By private enterprise 34 dwellings were provided by the conversion of existing buildings.

### **Tenants Selection.**

The present method of selecting tenants for your Council houses is for your Housing Sub-Committee to consider all the applications and then select the tenants whom they consider are most in need of being rehoused. No points system is in operation and there is no anonymity.

The application lists were checked at the year end and there were about 424 families still desiring permanent houses. About 182 of these are without a house of their own at present.

### **Housing Management.**

Your Council now own 144 permanent dwellings. Routine repairs and maintenance are carried out partly by direct labour and partly by local contractors. Rents vary from 7/- to 21/- per week, exclusive of rates, and the rateable values of the Council houses are between £9 and £27.

The examination of rentals and rates may not seem at first to have much to do with public health, but it does have considerable significance



It is not unknown for persons who have been rehoused from poor quarters into modern Council houses to have to pay their rents and rates from the portion of their income which rightly belongs to the purchase of food. Domestic economy can affect the general standard of the public health almost as much as environmental conditions, and some attempt must be made to maintain a balance between these conflicting factors.

### **Verminous Houses.**

*Public Health Act, 1936. Sections 83-85.*

No action was necessary during the year.

### **Nuisances and Notices re Dwellings.**

*Public Health Act, 1936. Sections 99-100.*

During the year the following action was taken :—

Informal Notices served	...	...	...	11
Statutory Notices served	...	...	...	0

In no case was it necessary to obtain an abatement order from the Court. There was a general desire on the part of owners to remedy the defects.

### **Dangerous Buildings.**

*Public Health Act, 1936. Section 58.*

No formal action was taken during the year.

### **Parks and Open Spaces.**

Your Council has extensive parks and open spaces both around the Lake and on the surrounding heights. These form a very valuable amenity for the elderly and those who for various reasons enjoy leisurely contemplation of the mountains.

### **Bathing Facilities.**

A portion of Windermere Lake is marked off by stakes at Millerground. The bathing is safe from physical dangers and from any serious contamination as lake water flows naturally through the pool at all times.

### **Tents, Vans and Sheds, and Moveable Dwellings.**

*Public Health Act, 1936. Sections 268-269.*

One licensed camping site was on the Register at the end of the year. No action was taken during the year. Your Council imposes conditions upon the grant of licences and requires their annual renewal. As this District is within the National Park it is most desirable that strict but unobtrusive supervision should be exercised over camping sites to ensure that the natural beauty of the country is not despoiled by the careless few.

Unlicensed camping sites are scattered throughout the District but very little nuisance arises from casual campers. The improvised sanitary arrangements and refuse disposal cause little trouble, but campers take water from polluted becks at their own risk.

One individual camping licence was in force at the year end.

## **WATER SUPPLIES.**

*Water Act, 1945.*

My earlier Annual Reports provided a very detailed account of the historical, geographical, geological and technical features of your two sources of public water supply at Dubbs and Ghyll Head. This year's report will be limited to progress records.

The public water supply is potentially adequate in quantity but not very satisfactory in quality. The results of laboratory examinations of the water samples taken during the year are set out in Appendix "A". Regular sampling of both raw and treated waters is carried out.

Droughts place a great strain upon the supplies and water shortage at the height of the tourist season can be very embarrassing. The annual rainfall is more than adequate, and the problem resolves itself into either increasing storage at the elevation which can be secured at Dubbs and Borrans, or by remedying the enormous waste of water in the distribution system.

The wastage probably occurs in the mains and service pipes as the records of the flow at night show a fairly level loss of about ten thousand gallons per hour. This recorded leakage has existed for over a quarter of a century, and a comprehensive division of the area with valves and a programme of waste detection during the night would probably avoid or postpone capital expenditure on increased headworks. Alternatively it would be of considerable advantage if ways could be found to utilise Borrans compensation water reservoir as an ancillary supply, particularly as your proposed new Housing Estate at Droomer can be supplied by gravity only from Dubbs, which will have to assume the burden which is now taken mainly by the Thirlmere aqueduct connection to Calgarth.

### **Dubbs Supply.**

The sanitary arrangements at the annual sheep dog trials held on your gathering ground were under my personal supervision during the year. I consider that the risks of pollution of your reservoir were minimised to some extent. Manurial pollution by animals on the catchment area is inevitable, and tilling of part of the gathering ground introduced an

added danger due to the consequent application of manure and fertilisers. The quality of this supply has deteriorated rapidly during the past few years.

Patrolling of the reservoir and its catchment cannot be efficiently carried out. Casual picnickers and fishermen frequent the reservoir with the obvious risks of excretal pollution.

I am now firmly of the opinion that chemical sterilisation, preferably after filtration, is essential to safeguard the purity of this public water supply. The population at risk is considerable and your lines of defence are pitifully inadequate.

During 1950 I submitted a Special Report to your Health and Water Committees and to the Ministry of Health advising such chemical sterilisation. Your Council have spent the ensuing three years contemplating the report and disregarding its main recommendations while the quality of the water has got steadily worse. I repeat that this water ought to be efficiently sterilised at all times.

### **Ghyll Head Supply.**

The condition of the headworks has deteriorated. It was discovered during 1948 that the gathering ground of your reservoir was being used for camping and field craft training by the Organisation which owns most of the land. The construction of shallow latrines and sullage pits constitutes a very serious risk of human excretal pollution of the public water supply. Your Council are pursuing all possible steps to overcome these risks, and I recommend that control of the land should be secured. Negotiations for acquisition of the land have been in progress for several years.

The Organisation has been most helpful during this time and has avoided the catchment areas as far as possible. There was an outbreak of dysentery at the site in 1950 which emphasised the desirability of excluding human excreta from a reservoir which serves several thousand people.

During 1953 the gathering ground was further disturbed by extensive lumbering operations in the plantations.

The condition of Candlestick Moss catchment area is very poor and its yield is now negligible. The runners need retrenching and the water is stained with peat. The upper end of the reservoir is very shallow and shows a heavy growth of weed. On the whole Ghyll Head is not a very desirable source of supply, although by filtration, alkalisation, and chlorination it is made usable. I would prefer to see its abandonment if a less troublesome and risky source could be found.



Your Water Engineer arranged that the supply shall be chlorinated at all times until the question of the use of the gathering ground has been settled to my satisfaction. The maintenance of a 0.2 parts per million residual chlorine seems to be difficult, but I consider it better for people to detect a slight taste of chlorine and know that they are protected than be unable to taste it and doubt its safety.

In conclusion I have to advise your Council that the other recommendations contained in Memorandum 221 of the Ministry of Health should be constantly observed. Your Council has a double responsibility of supplying pure water as undertakers, and of safeguarding the health of your population as a Sanitary Authority. The general state of the public water undertaking does not inspire me with confidence.

The Water Engineer informs me that the number of houses connected to the public supply is about 2,058, which leaves 106 reliant upon private supplies. There are stated to be no houses supplied from standpipes.

I have no official knowledge of the quantity of the private water supplies but I suspect that the quality of the average supply fluctuates widely and I can do no more than warn the users that they drink it at their own risk, that they should have it tested for purity at regular intervals and that if in doubt they should boil it.

## SEWERAGE.

*Public Health Act, 1936. Sections 14-15.*

The greater part of your District is provided with public sewerage which was installed or relaid during the last 35 years. Before that time the old sewers were in separate systems for the three disposal plants at Braithwaite Fold, Beemire and Troutbeck Bridge. In 1911 your Council commenced the present disposal works at Tower Wood, relaid some 8 miles of public sewer, and converted many of the old sewers into surface water drains, completing the main works in 1926.

Sewage has to be pumped to Tower Wood at two points in the system. The first pump is situated at Calgarth and the second at Bowness Bay. There are storm water overflows in connection with each of these plants for the excess to pass directly into the Lake. The dry weather flow of sewage received at Tower Wood was estimated to be 600,000 gallons per day, which is a high figure for the population served by the sewerage system, and suggests considerable infiltration water. As prolonged dry weather is not common in your District the normal working level of the flow under average climatic conditions is between 1,000,000 and 1,500,000 gallons per day, which is rather a dilute sewage.



The general provision of plant is satisfactory for producing a good effluent. The load on the works could be reduced considerably if infiltration water could be diverted. The present storm water tanks are not used for their designated purpose.

The majority of the houses which are not in the sewage area use cesspools and septic tanks. A few pail closets still exist in some of the older property, and a few privies and privy-middens are in use in the outlying parts of the District. There were no conversions to water closets during the year.

### **Public Conveniences.**

*Public Health Act, 1936. Section 72.*

Public conveniences are sited at Bowness Bay, Pinfold, New Road, Broad Street, Queen's Park and Glebe Road.

## **PUBLIC CLEANSING.**

### **Refuse Collection.**

*Public Health Act, 1936. Section 72.*

Domestic refuse is collected from the whole of your District with the exception of a few detached and isolated dwellings. Your Council's own vehicles and staff are used for this work.

### **Refuse Disposal.**

*Public Health Act, 1936. Section 76.*

Refuse is tipped at Braithwaite Fold, Bowness. Controlled tipping is the aim, but the local scarcity of covering material and inadequate labour employed in tip supervision entails undesirably extensive tip faces with consequent nuisance to the surrounding residential district. Very great improvements were made in recent years in the technique of tipping at this site.

The whole matter of refuse disposal has always been difficult in your District. The natural beauty of the country must not be desecrated by dumps of ugly human refuse, yet the refuse must be put somewhere and the land does not yield enough covering material to hide and minimise the consequent nuisances of unsightliness, smell, rats and fire.

The Braithwaite Fold tip is getting full and your Council selected a new site at Lindeth Tarn away from the populous areas. This land was fenced in during the year and a screen of trees was planted in readiness for tipping to commence. This new site offers scope for many years and if the recently instituted technique of controlled tipping is maintained there will be a minimum of nuisance to the district.

**Salvage of Waste Materials.***Salvage Recovery Order, 1940.*

Salvage is not carried out as it is uneconomical.

**Street Cleansing.***Public Health Act, 1936. Section 77.*

This work is undertaken by the Highways Department and the streets are well maintained.

**FOOD AND DRUGS.****General Powers.***Food and Drugs Act, 1938.*

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne diseases. The main aim is directed towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.

**Precautions against Contamination.***Food and Drugs Act, 1938, Section 13.*

Recent years have shown steady improvement in the standard of cleanliness practised by food traders and caterers. A high level has been reached by the majority, but there are still a few who lag badly behind their colleagues. Education and co-operation are preferable to prosecution, and I am confident that this co-operation will continue, because most traders are eager to keep their premises and staff up to scratch in the interests of enterprise and competition. The customer has now been taught to demand clean conditions, and public opinion is constantly proving to be a very powerful ally in our campaign for safer food, safer premises and safer foodhandlers.

Very few food traders or caterers have taken up my challenge for them to invite their customers to look behind the scenes. It is done with pride by the shipping companies on most of the sea-going liners and I hope that we are not ashamed to do the same on land. It would have magnificent advertisement value, and the public would be left to draw their own conclusions about the others. A clean kitchen and clean staff are far more important than fancy titivations in the dining room. Every customer should feel confident that the food he eats is safe and has been safely prepared. He has a right to be so protected and your Council are the guardians of that right.

As a further help the bye-laws made under Section 15 of the Act govern the handling and wrapping of food, and also the sale of foodstuffs in the open air, but the responsibility for safe food does not rest entirely with the trader as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner plate, and the educational campaign has had to be carried into the home. Every link in the chain of infection must be remembered ; that chain hangs as a symbol over every water closet in the district. Personal hygiene is the keynote, whether it be fostered by posters and propaganda, or taught to the children in simple nursery jingles. Foodborne diseases, mild dysenteries and attacks of diarrhoea and vomiting are not infrequent in our homes and among our visitors. I am confident that higher standards will reduce these preventable diseases.

### **Ice-cream Trade.**

*Food and Drugs Act, 1938. Section 14.*

*Ice-cream (Heat Treatment, etc.) Regulations, 1947.*

The following premises were registered under Section 14 of the Food and Drugs Act, 1938 :—

Manufacture by hot mix, cold mix, storage and sale	...	...	...	3
Manufacture by cold mix, storage and sale	...	...	...	1
Storage and sale only	...	...	...	24

A comprehensive code of standards for the ice-cream factories, plant and retail units was approved by your Council and circulated to the traders. The open barrow or cart has been abolished, and the enforcement of the Ice-cream (Heat Treatment, etc.) Regulations, 1947, has greatly improved the technique of manufacture.

### **Prepared Meats.**

*Food and Drugs Act, 1938. Section 14.*

The number of premises on the Register under Section 14 of the Food and Drugs Act, 1938, used for the preparation of sausages, potted meat, preserved meat, pressed meat, and pickled foods was 17 at the year end. No particular difficulties have been encountered in these trades.

### **Milk.**

*Registration of Milk Distributors and Dairies which are not Dairy Farms.*

*Milk and Dairies Regulations, 1949.*

Total number of registered distributors	...	...	...	9
Total number of registered dairies	...	...	...	1

The retail distribution of milk is both by bottled milk and the old-



fashioned loose methods. Traders are becoming keener to meet the desire of the enlightened customers for bottling. Tuberculin Tested milk is available, some of which is retailed in a type of wax carton which is especially commended. No pasteurised milk is available.

### **Cleanliness of Milk.**

*Food and Drugs Act, 1938. Section 69.*

Six milk samples were taken during the year. All results were satisfactory.

### **Pathogenic Organisms in Milk.**

*Food and Drugs Act, 1938. Section 68.*

Six samples were examined biologically in guinea pigs for the presence of tuberculosis organisms and all were negative. The finding of tubercle bacilli in milk is difficult and one must bear in mind cases and deaths in the past years from non-respiratory tuberculosis. The growing popularity of the Attested Herds Scheme and Tuberculin Tested Milk production, together with the pasteurisation of Accredited and ungraded milks will gradually reduce this toll of human suffering.

No instances of other disease-producing organisms in milk were found. We know that *Brucella Abortus*, the organism which causes contagious abortion in cattle and undulant fever in man, can be isolated from a good proportion of bulked milk supplies, and it is probable that mild infections constantly occur. No serious cases have been encountered and the veterinary profession is taking steps to inoculate cattle against the disease.

It was not necessary to stop any milk supply or restrict the activities of any milk-handlers under the Milk and Dairies Regulations on account of infectious disease.

### **Designated Milks.**

*Milk (Special Designations) Regulations.*

Your District Council is responsible for the granting of dealers' and supplementary annual licences for the sale of Tuberculin Tested and Accredited Milks five licences were in force during the year.

### **Adulteration of Milk and Other Foods.**

*Food and Drugs Act, 1938. Sections 1-7.*

This matter is the responsibility of the County Council and I anticipate that the County Medical Officer of Health will include in his Annual Report some information on this aspect.

### **Licensed Slaughter-houses and Knackers' Yards.**

*Food and Drugs Act, 1938. Sections 57-61.*

There are three licensed slaughter-houses, but these are not now in use on account of the centralisation of all slaughtering under the Ministry of Food's arrangements. There are no knackers' yards in your District.

### **Condemnation of Meat.**

*Food and Drugs Act, 1938. Sections 10 and 12.*

All slaughtering is carried out at the Kendal Abattoir, where the meat is inspected by the Borough Inspectors. No meat was condemned after distribution in your district. Considerable improvement is needed in some of the vehicles used for meat distribution.

### **Condemnation of Other Foods.**

*Food and Drugs Act, 1938. Sections 10-12.*

The following foodstuffs were condemned by your Inspector during the year :—

Milk	...	...	...	...	...	...	15 tins.
Fish	...	...	...	...	...	...	1 tin.
Meat	...	...	...	...	...	...	24 tins.
Vegetables	...	...	...	...	...	...	39 „
Fruit and Fruit Juices	...	...	...	...	...	...	21 „
Soup	...	...	...	...	...	...	13 „
Bacon	...	...	...	...	...	...	46 lbs.
Beef	...	...	...	...	...	...	30 „
Ham	...	...	...	...	...	...	9 tins (119 lbs.)
Chickens	...	...	...	...	...	...	2

### **Method of Disposal of Condemned Food.**

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is buried at Braithwaite Fold Tip.

### **General Sanitary Inspection.**

Your Council employs one part-time Sanitary Inspector and his salary is apportioned between his sanitary inspection duties and his other duties in a proportion approved by the Minister of Health. You receive through the County Council a grant of one-half of that apportionment of his salary allocated to sanitary inspection, and this should therefore be the basis upon which his time is devoted to the various duties.

Although the relaxation of civil building control afforded some relief a very much greater added burden was imposed by your Council accepting delegated powers under the Town and Country Planning Act, 1947, this involves a volume of detailed clerical work of an imperative nature which is hardly commensurate with the few powers conferred on your Council. The bulk of this work falls upon the same man.

1949 added the managership of the water undertaking. I consider that it is time that this position was reviewed as I am not satisfied with the continued encroachments made upon the time of the sanitary inspector.

It is difficult to arrange duties in combined appointments in a small local authority, particularly when an Inspector is single-handed, and there has to be considerable elasticity to cover all the responsibilities. I am keeping this matter under close review as I am of the opinion that sanitary inspection work is being prejudiced by these other duties.

I am not in favour of the delegation of sanitary inspection duties to subordinate members of the staff who do not possess the statutory qualifications, and reorganisation of the arrangements is long overdue.

Impending legislation suggests that many extra burdens will be imposed upon the department in the near future, and some extra help may be needed.

Your Inspector carried out his duties in a most able manner, and during the year he made 628 inspections on all types of work, but there is a limit to what one man can do in a day, and we are both anxious to maintain the efficiency of our Department in carrying out your Council's responsibilities. Many of these are not now covered and considerable arrears are accumulating. Re-organisation is long overdue.

### **Offensive Trades.**

*Public Health Act, 1936. Section 107.*

There are no offensive trades in the District.

### **Factories.**

*Factories Act, 1937.*

There are 61 factories on the Register. 72 inspections were made. No written notices were issued and no prosecutions were required. No references were made to H.M. Inspector and none were received from him.

No lists of outworkers were supplied to your Council by factory owners, and I have no official knowledge of any cases of default in this respect.



There are no basement bakehouses in the District. No detailed survey has yet been taken of the means of escape from factories in case of fire.

Form 572 (Revised) was sent directly to the Minister of Labour and National Service giving details of your District's administration of the relevant sections of Parts I and VIII of the Factories Act, 1937, in accordance with Section 127 of that Act.

### Factory Inspections.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities ... ..	17	18	—	—
Factories not included in (1), in which Section 7 is enforced by Local Authorities ... ..	44	54	—	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	—	—	—	—
TOTAL ... ..	61	72	—	—

No defects were found.

### Shops Act, 1950.

161 visits were made under the Shops Act for the supervision of sanitary accommodation, washing facilities, and the maintenance of suitable temperature.

### Common Lodging Houses.

*Public Health Act, 1936, Part IX.*

There are no registered common lodging houses in the area.

### Rent Restriction Acts.

No action was taken during the year under the Rent and Mortgage Interest Restriction Acts, and no contraventions of Section 4 of the Housing Act, 1936, regarding rent book entries, were encountered.

**Smoke Abatement.**

*Public Health Act, 1936. Sections 101-106.*

No Notices were served during the year to abate smoke nuisances.

**Laboratory Services.**

*Public Health Act, 1936. Section 196.*

Satisfactory laboratory facilities were available both at Kendal and Carlisle for all public health purposes. During 1947 a new scheme was inaugurated by the Public Health Laboratory Service for the performance of all laboratory examinations of a preventive and epidemiological nature free of charge to the Local Authority and the patient. This should do much to encourage the freer use of modern diagnostic methods by general practitioners and your health department.

**National Assistance Act, 1948. Section 47.**

It was not necessary during the year to deal with any cases requiring removal.

**Bye-Laws.**

Bye-laws on public health matters are in force for :—

Building.	Dairies and Cowsheds.
Burial Grounds.	Nuisances.
Common Lodging Houses.	Slaughter-houses.
Food Handling.	Pleasure Grounds.

**New Legislation.**

The Local Government (Miscellaneous Provisions Act, 1953, became operative on 14th August, 1953.

## APPENDIX "A."

## LABORATORY EXAMINATIONS OF PUBLIC WATER SUPPLY.

Nature of Test				Standards Max.	Dubbs Raw	Ghyll Head Raw	Ghyll Head Treated
<i>Pr. coli</i> count 37° ... ..				3-10	160	+ in 10 ml.	0
<i>Faecal coli/strep</i> ... ..				0	+	—	—
Character ... ..				—	Clear	Not clear	Clear
Reaction ... ..				—	—	6.56	8.0
Ammonical Nitrogen ... ..				.041	.041	.032	.030
Albuminoid Nitrogen ... ..				.066	.051	.074	.123
Total Solids ... ..				1000	—	40	53
Hardness {	Total ... ..			300	—	18	30
	Carbonate ... ..			—	—	0	0
	Non-Carbon- ate ... ..			—	—	18	30
Chlorides ... ..				30	.126	13	20
Nitrates ... ..				1	—	.14	—
Nitrites ... ..				—	—	0	—
O <sub>2</sub> Absorbed ... ..				1	.126	1.94	2.72
Heavy Metals ... ..				0	—	—	0
Rainfall, 24 hours ... ..				—	.06	Moderate	Nil
Date Sampled ... ..				—	2/7/52	9/8/48	6/2/53
Laboratory ... ..				—	Carlisle	Darlington	Carlisle

REMARKS.—Chemical analysis results expressed in parts per Million.







